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FROM: Quan L. Nguyen

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OF PAGES (INCLUDING COVER): 18

FILE NAME: ALLE0031-102

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RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Lakia J. Tongue	571-273-8300
<i>Docket No.:</i> 16952 CON1-DIV11 (BOT) [ALLE0031-102]		
<i>In re application of:</i> K. Roger AOKI, et al.		
<i>Serial No.:</i> 10/621,978		
<i>Filed:</i> July 16, 2003		
<i>Group Art Unit:</i> 1654		
<i>Confirmation No.:</i> 2159		
<i>For:</i> Methods For Treating Arthritis Pain		

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Petition for Extension of Time (2 pages)
- Terminal Disclaimers: 6,113,915; 6,235,289; 6,333,037; 6,372,226; 6,887,476 (5 pages)
- Amendment And Request For Reconsideration (7 pages)

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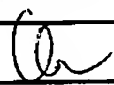
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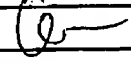
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/621,978	RECEIVED CENTRAL FAX CENTER MAY 11 2006
	Filing Date	July 16, 2003	
	First Named Inventor	K. Roger AOKI, et al.	
	Art Unit	1654	
	Examiner Name	GUPTA, Anish	
Total Number of Pages in This Submission	Attorney Docket Number	16952-CON1-DIV11 (BOT)	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (one month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimers: 6,113,915; 6,235,289; 6,333,037; 6,372,226; 6,887,476 <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	May 11, 2006	Reg. No.	46,957

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Quan L. Nguyen	Date	May 11 / 06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) \$870.00**Complete if Known**

Application Number	10/821,978
Filing Date	July 18, 2003
First Named Inventor	K. Roger AOKI, et al.
Examiner Name	GUPTA, Anish
Art Unit	1854
Attorney Docket No.	16952-CON1-DV11 (BOT)

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account: Deposit Account Number: 50-1275

Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

_____ - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Small Entity**Fee (\$)****Fee (\$)**

50 25

200 100

360 180

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

(Five) Terminal Disclaimers: 6,113,915; 6,235,289; 6,333,037; 6,372,226; 6,887,476

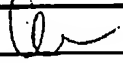
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Fees Paid (\$)

\$650.00

\$120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,957	Telephone	215-665-2158
Name (Print/Type)	Quan L. Nguyen	Date	May 11, 2006		

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